

	Vermont Multi-Sector General Permit	Permit Number:
	<b>Discharge Monitoring Report (DMR)</b>	SIC Code(s):
		Outfall Number:
		Sample Date:
Facility Name:		

<b>Benchmark Monitoring</b>	<b>Monitoring Year:</b>	
	<b>Quarter:</b> <input type="checkbox"/> Jan – Mar <input type="checkbox"/> Apr – Jun <input type="checkbox"/> Jul – Sept <input type="checkbox"/> Oct - Dec	
Parameter	Cut-off Concentration (mg/L)	Sample Result (mg/L)

<b>Effluent Limitation Monitoring</b> <i>(additional space is available on the back)</i>			
Parameter	Sample Type <i>(circle one)</i>	Limitation (mg/L)	Sample Result (mg/L)
	1x year    /    Daily Max		
	30 day avg    /    Monthly avg		
	1x year    /    Daily Max		
	30 day avg    /    Monthly avg		
	1x year    /    Daily Max		
	30 day avg    /    Monthly avg		
	1x year    /    Daily Max		
	30 day avg    /    Monthly avg		

<b>Impaired Waters Monitoring</b>		
Parameter	Cut-off Concentration (if applicable)	Sample Value

<b>Certification</b>			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:		Phone Number:	
Signature:		Date:	

## Effluent Limitation Monitoring (continued)

Parameter	Sample Type ( <i>circle one</i> )	Limitation (mg/L)	Sample Result (mg/L)
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		
	1x year / Daily Max		
	30 day avg / Monthly avg		

### Notes:

## Instructions

- A separate DMR form must be submitted for each outfall sampled at your facility.
- List monitoring results for the type(s) of sampling you are reporting in the appropriate section. If the sampling event was used to satisfy more than one type of monitoring (e.g. Effluent Limitation and Benchmark monitoring) you may submit results for each type using the same form.
- For benchmark monitoring, be sure to indicate which quarter the sample was taken in.
- For effluent limitations, the permit may specify that a single grab sample is adequate, or that a daily maximum and a 30 day or monthly average is necessary. Circle the value that you are reporting under the "Sample Type" heading.
- Write additional information about the sample collection and processing in the notes section
- Keep a copy of your DMR onsite with the SWPPP.
- DMRs must be sent to the Vermont Water Quality Division within 60 days of the sampling event at the following address:

Vermont Department of Environmental Conservation  
Watershed Management Division, Stormwater Program  
1 National Life Drive, Main 2  
Montpelier, VT 05620-3522